

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Nurses United PAC - A Fund for a Healthy America

ADDRESS (number and street) ▼

8630 Fenton Street, Suite 1100

☒ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00446237

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carolyn Hietamaki

Signature of Treasurer

Carolyn Hietamaki

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Nurses United PAC - A Fund for a Healthy America

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		37626.84
(b) Cash on Hand at Beginning of Reporting Period.....	37626.84	
(c) Total Receipts (from Line 19)	13151.15	13151.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	50777.99	50777.99
7. Total Disbursements (from Line 31)	8322.13	8322.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42455.86	42455.86
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Nurses United PAC - A Fund for a Healthy America

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	2

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1110.00

1110.00

(ii) Unitemized

11810.00

11810.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

12920.00

12920.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

12920.00

12920.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

231.15

231.15

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

13151.15

13151.15

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

13151.15

13151.15

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	322.13	322.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	322.13	322.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1000.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8322.13	8322.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8322.13	8322.13

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12920.00	12920.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12920.00	12920.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	322.13	322.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	231.15	231.15
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	90.98	90.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Carolyn Bowden

Mailing Address 7908 Winthorpe St

City State Zip Code
Oakland CA 94605

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : C3570440

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Carolyn Bowden

Mailing Address 7908 Winthorpe St

City State Zip Code
Oakland CA 94605

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2012

Transaction ID : C3570385

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Carolyn Bowden

Mailing Address 7908 Winthorpe St

City State Zip Code
Oakland CA 94605

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2012

Transaction ID : C3616400

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Carolyn Bowden

Mailing Address 7908 Winthorpe St

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 29 2012

Transaction ID : C3616452

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Carolyn Bowden

Mailing Address 7908 Winthorpe St

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 15 2012

Transaction ID : C3662054

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Carolyn Bowden

Mailing Address 7908 Winthorpe St

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 31 2012

Transaction ID : C3697760

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 18
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Kathy Carder

Mailing Address 1026 Pleasant View

City State Zip Code
 Venice CA 90291

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Nursing Practice Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 20 / 2012

Transaction ID : C3570444

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Kathy Carder

Mailing Address 1026 Pleasant View

City State Zip Code
 Venice CA 90291

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Nursing Practice Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 31 / 2012

Transaction ID : C3570389

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Kathy Carder

Mailing Address 1026 Pleasant View

City State Zip Code
 Venice CA 90291

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Nursing Practice Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 14 / 2012

Transaction ID : C3616404

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 18
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Kathy Carder

Mailing Address 1026 Pleasant View

City State Zip Code
Venice CA 90291

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Nursing Practice Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 29 2012

Transaction ID : C3616456

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Kathy Carder

Mailing Address 1026 Pleasant View

City State Zip Code
Venice CA 90291

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Nursing Practice Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 15 2012

Transaction ID : C3662058

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Kathy Carder

Mailing Address 1026 Pleasant View

City State Zip Code
Venice CA 90291

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Nursing Practice Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2012

Transaction ID : C3697764

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Martese Chism

Mailing Address 1111 S Laflin St

City State Zip Code
 Chicago IL 60607-4621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stroger Hospital

Occupation

Dialysis Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
 01 / 06 / 2012

Transaction ID : C3421651

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Martese Chism

Mailing Address 1111 S Laflin St

City State Zip Code
 Chicago IL 60607-4621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stroger Hospital

Occupation

Dialysis Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
 02 / 06 / 2012

Transaction ID : C3571245

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Martese Chism

Mailing Address 1111 S Laflin St

City State Zip Code
 Chicago IL 60607-4621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stroger Hospital

Occupation

Dialysis Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
 03 / 06 / 2012

Transaction ID : C3618902

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 18
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Thomas Dunne

Mailing Address 3050 Stanton Ave

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 20 / 2012

Transaction ID : C3570451

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Thomas Dunne

Mailing Address 3050 Stanton Ave

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 31 / 2012

Transaction ID : C3570410

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Thomas Dunne

Mailing Address 3050 Stanton Ave

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 14 / 2012

Transaction ID : C3616410

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Thomas Dunne

Mailing Address 3050 Stanton Ave

City

Berkeley

State

CA

Zip Code

91222

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 29 / 2012

Transaction ID : C3616462

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Thomas Dunne

Mailing Address 3050 Stanton Ave

City

Berkeley

State

CA

Zip Code

91222

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 15 / 2012

Transaction ID : C3662070

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Thomas Dunne

Mailing Address 3050 Stanton Ave

City

Berkeley

State

CA

Zip Code

91222

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 31 / 2012

Transaction ID : C3697770

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

1110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 18

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. National Nurses United

Mailing Address 2000 Franklin Street

City	State	Zip Code
Oakland	CA	94612

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.15

Date of Receipt

MM / DD / YYYY
02 / 13 / 2012

Transaction ID : C3601262

Amount of Each Receipt this Period

139.65

Admin & overhaead reimbursement

Full Name (Last, First, Middle Initial)

B. National Nurses United

Mailing Address 2000 Franklin Street

City	State	Zip Code
Oakland	CA	94612

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.15

Date of Receipt

MM / DD / YYYY
03 / 08 / 2012

Transaction ID : C3682466

Amount of Each Receipt this Period

91.50

Admin & overhaead reimbursement

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

231.15

231.15

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

National Nurses United PAC - A Fund for a Healthy America

A. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City	State	Zip Code
Atlanta	GA	30342

Purpose of Disbursement	Amount
Credit card processing fees	100.00

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Date of Disbursement

Transaction ID : D432242

Amount of Each Disbursement this Period

47.25

Full Name (Last, First, Middle Initial)

B. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City	State	Zip Code
Atlanta	GA	30342

Purpose of Disbursement	Amount
Credit card processing fees	100.00

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Date of Disbursement

Transaction ID : D432243

Amount of Each Disbursement this Period

92.40

Full Name (Last, First, Middle Initial)

C. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City	State	Zip Code
Atlanta	GA	30342

Purpose of Disbursement	Amount
Credit card processing fees	1,000

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

Transaction ID : D432244

Amount of Each Disbursement this Period

46.55

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

186.20

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 18

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : D432245

Amount of Each Disbursement this Period

44.95

Full Name (Last, First, Middle Initial)

B. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : D432246

Amount of Each Disbursement this Period

46.03

Full Name (Last, First, Middle Initial)

C. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2012

Transaction ID : D432247

Amount of Each Disbursement this Period

44.95

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.93

322.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Bera for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2012

Mailing Address Post Office Box 582496

City	State	Zip Code
Elk Grove	CA	95758

Transaction ID : D420311Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Ami BeraCategory/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 03

Full Name (Last, First, Middle Initial)

B. Friends of Bernie Sanders

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2012

Mailing Address PO Box 391

City	State	Zip Code
Burlington	VT	05402-0391

Transaction ID : D429900Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

BERNARD SANDERSCategory/
Type

2000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VT District: 00

Full Name (Last, First, Middle Initial)

C. McDowell for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2012

Mailing Address P.O. Box 913

City	State	Zip Code
Sault Ste. Marie	MI	49783

Transaction ID : D420312Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Gary McDowellCategory/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District: 01

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. McDowell for Congress

Mailing Address P.O. Box 913

City	State	Zip Code
Sault Ste. Marie	MI	49783

Purpose of Disbursement
Contribution

Candidate Name

Gary McDowellOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

Transaction ID : D432248

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JANICE HAHN FOR CONGRESS

Mailing Address 1379 W Park Western Dr

City	State	Zip Code
San Pedro	CA	90732-2300

Purpose of Disbursement
Contribution

Candidate Name

Janice HahnOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 44

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

Transaction ID : D432249

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Re-Elect Congressman Kucinich Committee

Mailing Address 550 E Walnut St

City	State	Zip Code
Columbus	OH	43215-5323

Purpose of Disbursement
Contribution

Candidate Name

Dennis J KucinichOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2012

Transaction ID : D420391

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

7000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Arizona Advocacy Network

Mailing Address 1450 East Indian School Road

City	State	Zip Code
Phoenix	AZ	85014

Purpose of Disbursement
Donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2012

Transaction ID : D420392

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

1000.00
